

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/512038

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*				
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1			/									
2			/									
3			/									
4			/									
5			/									
6			/									
7			/									
8			/									
9			/									
10			/									
11			/									
12			/									
13			/									
14			/									
15			/									
16			/									
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												
36												
37												
38												
39												
40												
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS